Rachel Dolhun: I'm Dr. Rachel Dolhun, a movement disorder specialist and vice president of medical communications at The Michael J. Fox Foundation for Parkinson's Research. Today, I'll be discussing myths about levodopa.

Levodopa is the most commonly prescribed drug for Parkinson's. It gets converted in the brain to dopamine, which is the brain chemical that produces normal movement. Dopamine is what goes missing in Parkinson's because brain cells get damaged or die. Levodopa is always combined with the drug carbidopa, which helps levodopa get into the brain and lessen side effects of levodopa like nausea and low blood pressure.

Many people know the combination of levodopa and carbidopa by the brand names Sinemet, but there are many other formulations like Rytary or Duopa. One misconception about levodopa is that it's the only medication to treat Parkinson's. Levodopa has been around the longest. It was approved over 50 years ago, and it's considered the gold standard of treatment for Parkinson's because it's the most effective medication. Almost everyone with Parkinson's will take levodopa at some point in the course of their disease. But there are other medications for Parkinson's motor symptoms, and these can be used with levodopa, and sometimes, instead of levodopa.

Another misconception is that levodopa treats all the symptoms of Parkinson's. Levodopa works best for the motor symptoms such as tremor, slowness and stiffness. It doesn't work as well for posture changes such as stooping or hunching forward, balance problems, or walking problems like freezing of gait, which is a sudden temporary inability to move. Levodopa also doesn't typically treat non-motor symptoms such as mood or memory changes.

One of the biggest myths about levodopa is that it loses the effectiveness over time. Levodopa will remain effective as long as you take it. If you take levodopa to treat tremor or stiffness and it works, it will always work for those symptoms. The problem is that Parkinson's progresses over time, so your symptoms will gradually worsen, and you may need more of the drug to control them. In that sense, you may feel like it's less effective. You also may develop non-motor symptoms or other symptoms that don't benefit from levodopa such as balance problems or freezing of gait, which could make the medication feel less effective.
Something else that can make levodopa feel less effective is “off” time, which can happen as disease progresses. “Off” time is typically when symptoms come back because medication wears off before the next dose is due. But “off” time also can happen suddenly or unpredictably.

Another myth is that everyone who takes levodopa gets dyskinesia, which is uncontrolled involuntary movement. Dyskinesia can occur after taking levodopa for many years. It's more common in people who are younger at diagnosis and who take levodopa at higher doses for longer periods of time. But not everyone gets dyskinesia, and for those who do, it's not always bothersome. If it is, there are many options for treatment including medications and even surgical treatments like deep brain stimulation. Researchers are working on new and better ways to treat and even prevent dyskinesia. It's good and normal to be weary of potential side effects and complications like dyskinesia, but don't avoid or delay levodopa to the point where your motor symptoms get in the way of what you want or need to do.

You can learn more about levodopa myths and other topics in Parkinson's by visiting our website.

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